U.S. Department of Labor Office of Labor-Wanagement Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official time Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10 440	2. Fiscal Year Covered From			
	1/1/2004 Through: 12/31/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John P Kock,	Name Writers Guild of America, west			
	Labor Organization File Number 000 - 078			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7000 W. 315 Street	Street 7000 W. Third Street			
City has	city Les Augeles			
State ZIP Code + 4	State CA ZIP Code +4 90048			
5. Position in labor organization.	izer			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively sacking to represent.							
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
	7.b. Amount.						
Street							
City							
State ZIP Code + 4							

## Signature

	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information						
	submitted in this epox (including the information contained in any accompan						
	undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
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	Oliver d	0-	8/15/05	323-787-4510			
ı	Signed	Ųn	0110 103	303 102-7310			
			Date	Telephone Number			